



# Extended Project Oral Presentation Record Form

Pearson

Learner Name \_\_\_\_\_

Learner number \_\_\_\_\_

Centre Name \_\_\_\_\_

Centre Number \_\_\_\_\_

Project Title \_\_\_\_\_

Date \_\_\_\_\_

Band placement						
Content How clear are the main ideas?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Organisation How clear and logical is the structure? Do the different parts of the presentation link together?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Pace Is the presentation well paced?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Voice Is the presentation clearly audible? Does the presenter avoid simply reading the presentation aloud?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Visual aids If visual aids are used, are they relevant and consistently effective in supporting the presentation? Are they clearly visible and not over-crowded with too much information?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Contact with audience Does the presenter engage well with the audience and hold their attention?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Handling questions Does the presenter handle questions calmly and confidently? Are they answered clearly and insightfully, in a way which shows good subject knowledge?	Low 1	High 1	Low 2	High 2	Low 3	High 3
	Comments:					
Strengths of the presentation	AO4 Mark Awarded:					
Signed (Teacher/assessor):	Position:					